

SPECIAL CONSIDERATION REQUEST

A special consideration request for non-participation in a state assessment may be made according to the Maine Department of Education (Maine DOE) Operational Procedure document for the appropriate Maine Comprehensive Assessment System (MeCAS) assessment administration.

Student Conditions Requiring Special Considerations

Generally, if a student can receive instruction; the student can participate in a state assessment. However, in rare instances, students are unable to participate in either instruction or assessment. In these cases, a request for Maine DOE approval of non-participation in a state assessment must be made. The Maine DOE-approved reasons for allowing non-participation in a state assessment are called Special Considerations and fall within five broad areas:

- **Medical Emergency/Serious Illness:** Students experiencing a documented significant and fully incapacitating medical emergency or serious illness, such as: a terminal illness, a serious car accident, hospitalization, or placement in hospice care.
- **Severe Emotional Distress:** Students experiencing a documented significant and fully incapacitating emotional trauma that extends across the entire test window and prevents the student from participating in instruction offered either at school or at home.
- **Death in the Immediate Family:** Students experiencing the loss of a close family member.
- **Agency Involvement:** Involvement by an outside agency such as Department of Health and Human Services or detention by law enforcement pending adjudication.
- **Exigent Circumstance:** A situation that doesn't meet any of the above criteria must be discussed with Susan Fossett, Assessment Coordinator, Maine DOE at 207-624-6775 prior to the submission of the request. Absence due to behavior issues, suspensions, truancy do not meet this definition and are not eligible for appeal

Special Consideration requests must be submitted by the last day of the testing window of the applicable state assessment. These requests must be based on a decision made by an educational team that includes as appropriate; the student's teachers, special education teacher, English as a Second Language endorsed educator, school counselor, principal, parent or legal guardian, and, if possible, the student. This educational team collects and reviews information, and documents the decision. The principal completes the Request for Special Consideration (Form 1) and obtains the parent's consent (Form 2).

Requests are reviewed by the Special Considerations Review Panel at Maine DOE, who may request additional information when needed. Forms 1 and 2 are located at the end of this document and on the test administration page for each assessment program located at: <http://www.maine.gov/doe/teaching/assessment.html>.

Form 1 must be faxed to the MDOE (207-624-6771) no later than the last day of the testing window of the applicable state assessment. It is the school's responsibility to keep documentation of the circumstances.

**MAINE DEPARTMENT OF EDUCATION –
FORM 1: REQUEST FOR SPECIAL CONSIDERATION**

Office Use Only DR _____ P _____ DN _____
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STUDENT INFORMATION FORM

Request Date:	
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Student Name				State Student ID #		
Grade		School			SAU	
Principal Name				Phone/ext.		
Principal Email						

Reason for Request for Special Consideration (circle one)				
Medical Emergency/ Serious Illness	Severe Emotional Distress	Death in the Immediate Family	Agency Involvement	Exigent Circumstances*

*Exigent circumstances must be discussed with DOE personnel before submission of the request.

Student is unable to participate in the following: (circle one)	
Grades 3-8 Assessments or PAAP in 2012-13	High School Assessments
All NECAP Subjects OR Reading Mathematics Writing(Gr 5/8 only)	MHSA: Science (3rd year HS PAAP)
MEA: Science	May/June SAT (Submit after the June SAT)

The criteria below include the minimum conditions that must be met by the principal prior to submission of this request for non-participation in statewide assessment for a student.

Assurances by principal:	Yes	No	If no, then add comment(s):
1. Did a team convene to discuss this request?			
2. Does the student agree with this request?			
3. Has a parent/guardian signed the consent form and agreed to share relevant information with the MDOE Special Considerations Review Team as needed? (Form 2)			
4. I certify that this student cannot participate in INSTRUCTION , even with accommodations, during the test window.			
5. I certify that this student cannot participate in ASSESSMENT , even with accommodations, during the test window.			

I certify that the information contained within this notification is complete and accurate.

Principal's Signature

____/____/____
Date

This form must be faxed to the MDOE (207-624-6771) no later than the last day of testing

FORM 2: PARENT CONSENT SIGNATURE FORM

(Do not submit to Maine DOE; retain in school file with student record)

I have consulted with the school district and agree with this request to exempt my child from statewide assessment. I understand that this means I will have no statewide assessment data for my child for the year of instruction being assessed.

Student's name:

By signing this request,

*I **do** ☐ / **do not** ☐ (check one) give the district **permission to seek an exemption** for my child from statewide assessment for medical or other extraordinary reasons.*

*I **do** ☐ / **do not** ☐ (check one) give **permission for the district to discuss the request** if necessary with a member of the Special Considerations Review Panel.*

Parent Name (Please Print)

Parent Signature

____/____/____
Date